



**West Virginia Attorney General Public Health Trust
Drug Incinerator Application**

Law Enforcement Agency:

Law Enforcement Contact (Name and Title/Rank):

Mailing Address:

City:

State:

Zip:

Contact Email Address:

Contact Phone Number:

Police Chief/Sheriff:

Does your agency currently have a drop box program?

If so, list the amount of drugs collected (in pounds) through the drop box program on an annual basis from 2013 through 2015:

How does your agency currently dispose of collected drugs?

Does your agency participate in DEA Take-Back Days? If so, list the Take-Back events your agency has participated in from 2013 to the present.

Population served by your agency:

List the percentage of drug-related crime in agency's county in years 2013-2015:

List the number of prescription drug and heroin-related deaths in agency's county in years 2013-2015:

Drug Incinerator Site Address:

Drug Incinerator Site City:

Drug Incinerator Site County:

Drug Incinerator Site Zip:

Drug Incinerator Site Phone Number:

As a representative of a law enforcement agency applying for this drug incinerator on the agency's behalf, I acknowledge that the agency must follow all local, state, and federal guidelines for the collection and disposal of collected drugs.

Signature:

Date:

**West Virginia Attorney General Public Health Trust
Drug Incinerator Application**

Please Return Application To:
Office of the West Virginia Attorney General
Attn: Lia Palmer, Investigator
Lia.M.Palmer@wvago.gov
2012 Quarrier Street
Charleston, WV 25311
Fax: (304) 558-0184